

☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MEDICAL ADVISORY BOARD☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE ☐ ON PRIVATE DRIVE OR ROAD/PRIVATE PROPERTY/PARKING LOT

Total Num. Units	Total Num. Prsns	TxDOT Crash ID
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Texas Peace Officer's Crash Report (Form CR-3 ALTERNATE 7/1/11)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call 512/486-5780

*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.). Page ____ of ____ i

*Crash Date (MM/DD/YYYY)		*Crash Time (24HRMM)		Case ID		Local Use									
*County Name				*City Name			Outside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No								
Roadway Part	<input type="checkbox"/> 1-Main/Proper Lane	<input type="checkbox"/> 2-Service/Frontage Road	<input type="checkbox"/> 3-Entrance/On Ramp	<input type="checkbox"/> 4-Exit/Off Ramp	<input type="checkbox"/> 5-Connector/Flyover	<input type="checkbox"/> 98-Other (Narrative)	Toll Road/Lane <input type="checkbox"/> Yes <input type="checkbox"/> No Speed Limit								
Construction Zone	<input type="checkbox"/> No <input type="checkbox"/> Yes, no workers	<input type="checkbox"/> Yes, workers present	Latitude (Decimal) _____		Longitude (Decimal) _____										
*Address					In your opinion, did crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Intersecting Road, Or If Crash Not At Intersection, Provide Nearest Intersecting Road Or Reference Marker															
Crash at Intersection <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Distance from Intersection/Reference Marker			<input type="checkbox"/> FT <input type="checkbox"/> MI Direction From Intersection/Reference Marker										
<input type="checkbox"/> Address <input type="checkbox"/> Reference Marker					Railroad Crossing Num.										
Unit, Driver and Persons Information															
Unit Number		Parked Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No		Did this unit "Hit and Run"? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Police, Fire, EMS on Emergency (Narrative)									
Unit Descript.		<input type="checkbox"/> 1-Motor Vehicle <input type="checkbox"/> 2-Train <input type="checkbox"/> 3-Pedalcyclist <input type="checkbox"/> 4-Pedestrian <input type="checkbox"/> 5-Motorized Conveyance <input type="checkbox"/> 6-Towed/Trailer <input type="checkbox"/> 7-Non-Contact <input type="checkbox"/> 98-Other (Narrative)													
LP State	LP Number	VIN													
Vehicle Year		Vehicle Make		Vehicle Model		Vehicle Color									
Body Style		<input type="checkbox"/> P2 (2DR Passenger Car) <input type="checkbox"/> P4 (4DR Passenger Car) <input type="checkbox"/> PK (Pickup) <input type="checkbox"/> AM (Ambulance) <input type="checkbox"/> BU (Bus) <input type="checkbox"/> SB (Yellow School Bus) <input type="checkbox"/> FE (Farm Equip.) <input type="checkbox"/> FT (Fire Truck) <input type="checkbox"/> MC (Motorcycle) <input type="checkbox"/> SV (SUV) <input type="checkbox"/> PC (Police Car/Truck) <input type="checkbox"/> PM (Police Motorcycle) <input type="checkbox"/> TL (Trailer, Semi, Pole) <input type="checkbox"/> TR (Truck) <input type="checkbox"/> TT (Truck Tractor) <input type="checkbox"/> VN (Van) <input type="checkbox"/> 98-Other (Narrative) <input type="checkbox"/> 99-Unknown													
DL/ID Type		<input type="checkbox"/> 1-Driver License <input type="checkbox"/> 2-Commercial Driver License <input type="checkbox"/> 3-Occupational <input type="checkbox"/> 4-ID Card <input type="checkbox"/> 5-Unlicensed <input type="checkbox"/> 98-Other <input type="checkbox"/> 99-Unknown													
DL/ID State	DL/ID Number	DL Class	DOB (MM/DD/YYYY)			CDL Endorse.	DL Restrict.								
Address (Street, City, State, Zip)															
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address					Proof of Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt <input type="checkbox"/> Expired									
Insurance Company			Policy Number			Ins. Company Phone Number									
Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No		Towed By			Towed To										
1. Person Type 1-Driver 2-Passenger/ Occupant 3-Pedalcyclist 4-Pedestrian 5-Motorcycle Driver 6-Motorcycle Passenger 98-Other (Narrative) 99-Unknown		2. Seat Position 1-Front Left 2-Front Center 3-Front Right 4-2nd Seat Left 5-2nd Seat Center 6-2nd Seat Right 7-3rd Seat Left 8-3rd Seat Center 9-3rd Seat Right 10-Cargo Area 11-Outside Vehicle 13-Other in Vehicle 14-Passenger in Bus 16-Pedestrian, Pedalcyclist, or Motorized Conveyance 98-Other (Narrative) 99-Unknown		3. Injury Severity A - Incapacitating Injury B - Non-Incapacitating Injury C - Possible Injury K - Killed N - Not Injured 99 - Unknown		4. Ethnicity W - White B - Black H - Hispanic A - Asian I - Amer. Indian/ Alaskan Native 98 - Other 99 - Unknown		5. Ejected 1-No 2-Yes 3-Yes, Partial 97-Not Applicable 99-Unknown		6. Restraint Used 1-Shoulder & Lap Belt 2-Shoulder Belt Only 3-Lap Belt Only 4-Child Seat Facing Forward 5-Child Seat Facing Rear 6-Child Seat, Unknown 7-Child Booster Seat 96-None 97-Not Applicable 98-Other (Narrative) 99-Unknown		7. Airbag 1-Not Deployed 2-Deployed, Front 3-Deployed, Side 4-Deployed, Rear 5-Deployed, Multiple 97-Not Applicable 99-Unknown		8. Helmet Use 1-Not Worn 2-Worn, Damaged 3-Worn, Not Damaged 4-Worn, Unknown Damage 97-Not Applicable 99-Unknown If Worn	
Person Num.	1. Person Type	2. Seat Position	Name: Last, First, Middle (Driver or Primary Person on first line) (Attach "Additional Persons Continuation Form" if needed)			3. Injury Severity	Age	4. Ethnicity	Sex	5. Ejected	6. Restraint	7. Airbag	8. Helmet	Sol. (Y or N)	
Driver/Primary Person: Alcohol Specimen										Alcohol Test Result					
<input type="checkbox"/> 1-Breath <input type="checkbox"/> 2-Blood <input type="checkbox"/> 3-Urine <input type="checkbox"/> 4-Refused <input type="checkbox"/> 96-None <input type="checkbox"/> 98-Other (Narrative)															
Drug Specimen <input type="checkbox"/> 2-Blood <input type="checkbox"/> 3-Urine <input type="checkbox"/> 4-Refused <input type="checkbox"/> 96-None <input type="checkbox"/> 98-Other (Narrative)					Drug Test Result <input type="checkbox"/> 1-Positive <input type="checkbox"/> 2-Negative <input type="checkbox"/> 97-Not Applicable <input type="checkbox"/> 99-Unknown										
Drug Category <input type="checkbox"/> 2-CNS Depressants <input type="checkbox"/> 3-CNS Stimulants <input type="checkbox"/> 4-Hallucinogens <input type="checkbox"/> 6-Narcotic Analgesics <input type="checkbox"/> 7-Inhalants <input type="checkbox"/> 8-Cannabis <input type="checkbox"/> 10-Disassociative Anesthetics <input type="checkbox"/> 11-Multiple Drugs (Narrative) <input type="checkbox"/> 97-Not Applicable <input type="checkbox"/> 98-Other Drugs (Narrative) <input type="checkbox"/> 99-Unknown															

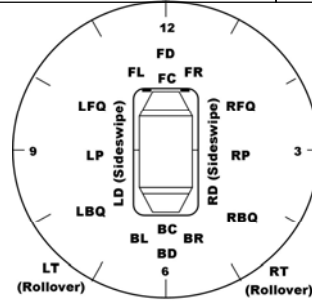
Additional Unit, Driver and Persons Information																		
Unit Number		Parked Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No				Did this unit "Hit and Run"? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Police, Fire, EMS on Emergency (Narrative)								
Unit Descript.		<input type="checkbox"/> 1-Motor Vehicle <input type="checkbox"/> 2-Train <input type="checkbox"/> 3-Pedalcyclist <input type="checkbox"/> 4-Pedestrian <input type="checkbox"/> 5-Motorized Conveyance <input type="checkbox"/> 6-Towed/Trailer <input type="checkbox"/> 7-Non-Contact <input type="checkbox"/> 98-Other (Narrative)																
LP State		LP Number		VIN														
Vehicle Year		Vehicle Make				Vehicle Model						Vehicle Color						
Body Style		<input type="checkbox"/> P2 (2DR Passenger Car) <input type="checkbox"/> P4 (4DR Passenger Car) <input type="checkbox"/> PK (Pickup) <input type="checkbox"/> AM (Ambulance) <input type="checkbox"/> BU (Bus) <input type="checkbox"/> SB (Yellow School Bus)																
		<input type="checkbox"/> FE (Farm Equip.) <input type="checkbox"/> FT (Fire Truck) <input type="checkbox"/> MC (Motorcycle) <input type="checkbox"/> SV (SUV) <input type="checkbox"/> PC (Police Car/Truck) <input type="checkbox"/> PM (Police Motorcycle)																
		<input type="checkbox"/> TL (Trailer, Semi, Pole) <input type="checkbox"/> TR (Truck) <input type="checkbox"/> TT (Truck Tractor) <input type="checkbox"/> VN (Van) <input type="checkbox"/> 98-Other (Narrative) <input type="checkbox"/> 99-Unknown																
DL/ID Type		<input type="checkbox"/> 1-Driver License <input type="checkbox"/> 2-Commercial Driver License <input type="checkbox"/> 3-Occupational <input type="checkbox"/> 4-ID Card <input type="checkbox"/> 5-Unlicensed <input type="checkbox"/> 98-Other <input type="checkbox"/> 99-Unknown																
DL/ID State		DL/ID Number				DL Class		DOB (MM/DD/YYYY)				CDL Endorse.		DL Restrict.				
Address (Street, City, State, Zip)																		
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address										Proof of Insurance <input type="checkbox"/> Yes <input type="checkbox"/> Exempt <input type="checkbox"/> No <input type="checkbox"/> Expired						
Insurance Company						Policy Number				Ins. Company Phone Number								
Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No		Towed By						Towed To										
1. Person Type		2. Seat Position			3. Injury Severity		4. Ethnicity		5. Ejected		6. Restraint Used			7. Airbag		8. Helmet Use		
1-Driver		1-Front Left			A - Incapacitating Injury		W - White		1-No		1-Shoulder & Lap Belt			1-Not Deployed		1-Not Worn		
2-Passenger/ Occupant		2-Front Center			B - Non-Incapacitating Injury		B - Black		2-Yes		2-Shoulder Belt Only			2-Deployed, Front		2-Worn, Damaged		
3-Pedalcyclist		3-Front Right			C - Possible Injury		H - Hispanic		3-Yes, Partial		3-Lap Belt Only			3-Deployed, Side		3-Worn, Not Damaged		
4-Pedestrian		4-2nd Seat Left			K - Killed		A - Asian		97-Not Applicable		4-Child Seat Facing Forward			4-Deployed, Rear		4-Worn, Unknown Damage		
5-Motorcycle Driver		5-2nd Seat Center			N - Not Injured		I - Amer. Indian/ Alaskan Native		99-Unknown		5-Child Seat Facing Rear			5-Deployed, Multiple		97-Not Applicable		
6-Motorcycle Passenger		6-2nd Seat Right			99 - Unknown		98 - Other				6-Child Seat, Unknown			97-Not Applicable		99-Unknown If Worn		
98-Other (Narrative)		7-3rd Seat Left					99 - Unknown				7-Child Booster Seat			99-Unknown				
99-Unknown		8-3rd Seat Center																
		9-3rd Seat Right																
		99-Unknown																
Person Num.		1. Person Type	2. Seat Position	Name: Last, First, Middle (Driver or Primary Person on first line) (Attach "Additional Persons Continuation Form" if needed)					3. Injury Severity	Age	4. Ethnicity	Sex	5. Ejected	6. Restraint	7. Airbag	8. Helmet	Sol. (Y or N)	
Driver/Primary Person: Alcohol Specimen <input type="checkbox"/> 1-Breath <input type="checkbox"/> 2-Blood <input type="checkbox"/> 3-Urine <input type="checkbox"/> 4-Refused <input type="checkbox"/> 96-None <input type="checkbox"/> 98-Other (Narrative)												Alcohol Test Result _____						
Drug Specimen <input type="checkbox"/> 2-Blood <input type="checkbox"/> 3-Urine <input type="checkbox"/> 4-Refused <input type="checkbox"/> 96-None <input type="checkbox"/> 98-Other (Narrative)									Drug Test Result <input type="checkbox"/> 1-Positive <input type="checkbox"/> 2-Negative <input type="checkbox"/> 97-Not Applicable <input type="checkbox"/> 99-Unknown									
Drug Category <input type="checkbox"/> 2-CNS Depressants <input type="checkbox"/> 3-CNS Stimulants <input type="checkbox"/> 4-Hallucinogens <input type="checkbox"/> 6-Narcotic Analgesics <input type="checkbox"/> 7-Inhalants <input type="checkbox"/> 8-Cannabis <input type="checkbox"/> 10-Disassociative Anesthetics <input type="checkbox"/> 11-Multiple Drugs (Narrative) <input type="checkbox"/> 97-Not Applicable <input type="checkbox"/> 98-Other Drugs (Narrative) <input type="checkbox"/> 99-Unknown																		
Disposition of Injured/Killed (If additional lines are needed use the "Disposition of Additional Injured/Killed Form")																		
Unit Num.	Person Num.	Taken To					Taken By					Date of Death (MM/DD/YYYY)			Time of Death (24HRMM)			
Damage Other Than Vehicles																		
Damaged Property Other than Vehicles						Owner's Name						Owner's Address						

Roadway Type	<input type="checkbox"/> 1-Two Way, Not Divided	Entering Roads	<input type="checkbox"/> 2-Three Entering Roads - T	<input type="checkbox"/> 3-Three Entering Roads - Y	Roadway Alignment	<input type="checkbox"/> 1-Straight, Level	<input type="checkbox"/> 2-Straight, Grade
	<input type="checkbox"/> 2-Two Way, Divided Unprotected Median		<input type="checkbox"/> 4-Four Entering Roads	<input type="checkbox"/> 5-Five Entering Roads		<input type="checkbox"/> 3-Straight, Hillcrest	<input type="checkbox"/> 4-Curve, Level
	<input type="checkbox"/> 3-Two Way, Divided Protected Median		<input type="checkbox"/> 6-Six Entering Roads	<input type="checkbox"/> 7- Traffic Circle		<input type="checkbox"/> 5-Curve, Grade	<input type="checkbox"/> 6-Curve, Hillcrest
	<input type="checkbox"/> 4-One Way		<input type="checkbox"/> 8- Cloverleaf	<input type="checkbox"/> 97- Not Applicable		<input type="checkbox"/> 98-Other (Narrative)	<input type="checkbox"/> 99-Unknown
	<input type="checkbox"/> 98-Other (Narrative)		<input type="checkbox"/> 98-Other (Narrative)				

Traffic Control	<input type="checkbox"/> 2-Inoperative (Narrative)	<input type="checkbox"/> 3-Officer	<input type="checkbox"/> 4-Flagman	<input type="checkbox"/> 5-Signal Light	<input type="checkbox"/> 6-Flashing Red Light	<input type="checkbox"/> 7-Flashing Yellow Light
	<input type="checkbox"/> 8-Stop Sign	<input type="checkbox"/> 9-Yield Sign	<input type="checkbox"/> 10-Warning Sign	<input type="checkbox"/> 11-Center Stripe/Divider	<input type="checkbox"/> 12-No Passing Zone	<input type="checkbox"/> 13-RR Gate/Signal
	<input type="checkbox"/> 15-Crosswalk	<input type="checkbox"/> 16-Bike Lane	<input type="checkbox"/> 17-Marked Lanes	<input type="checkbox"/> 18-Signal Light w/Red Light Running Camera	<input type="checkbox"/> 96-None	<input type="checkbox"/> 98-Other (Narrative)

Weather Condition	<input type="checkbox"/> 1-Clear	<input type="checkbox"/> 2-Cloudy	Surface Condition	<input type="checkbox"/> 1-Dry	<input type="checkbox"/> 2-Wet	Light Condition	<input type="checkbox"/> 1-Daylight	<input type="checkbox"/> 2-Dark, Not Lighted
	<input type="checkbox"/> 3-Rain	<input type="checkbox"/> 4-Sleet/Hail		<input type="checkbox"/> 3-Standing Water	<input type="checkbox"/> 4-Snow		<input type="checkbox"/> 3-Dark, Lighted	<input type="checkbox"/> 4-Dark, Unknown Lighting
	<input type="checkbox"/> 5-Snow	<input type="checkbox"/> 6-Fog		<input type="checkbox"/> 5-Slush	<input type="checkbox"/> 6-Ice		<input type="checkbox"/> 5-Dawn	<input type="checkbox"/> 6-Dusk
	<input type="checkbox"/> 7-Blowing Sand/Snow	<input type="checkbox"/> 8-Severe Crosswinds		<input type="checkbox"/> 7-Sand, Mud, Dirt	<input type="checkbox"/> 98-Other (Narrative)		<input type="checkbox"/> 98-Other (Narrative)	<input type="checkbox"/> 99-Unknown
	<input type="checkbox"/> 98-Other (Narrative)	<input type="checkbox"/> 99-Unknown		<input type="checkbox"/> 99-Unknown				

Damage Rating (See diagram)						
	Damage Rating1 (Most Severe)			Damage Rating 2		
Unit Num.	Direction of Force (1-12)	Area of Damage	Damage Severity (0-7)	Direction of Force (1-12)	Area of Damage	Damage Severity (0-7)



Special Cases:
VB-1 (Vehicle burned, NOT due to collision)
VB-7 (Vehicle caught fire due to collision)
TP-0 (Top damage only)
VX-0 (Undercarriage damage only)
MC-1 (Motorcycle, moped, scooter, etc.)
NA (Not applicable (farm tractor, etc.))

[illegible]

Field Diagram - Not to Scale

Indicate
North

Commercial Motor Vehicle

Unit Num.	<input type="checkbox"/> 10,001+ LBS	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	Vehicle Operation	<input type="checkbox"/> 1-Interstate Commerce	<input type="checkbox"/> 2-Intrastate Commerce	<input type="checkbox"/> 3-Not in Commerce	<input type="checkbox"/> 4-Government	<input type="checkbox"/> 5-Personal
Carrier ID Type	<input type="checkbox"/> 1-US DOT	<input type="checkbox"/> 2-TxDOT	<input type="checkbox"/> 3-ICC/MC	Carrier ID Num.	Carrier Corp. Name				
Carrier Primary Address				Total Num. Axles	Total Num. Tires				
Vehicle Type	<input type="checkbox"/> 1-Passenger Car	<input type="checkbox"/> 2-Light Truck	<input type="checkbox"/> 3-Bus (9-15)	<input type="checkbox"/> 4-Bus (>15)	<input type="checkbox"/> 5-Single Unit Truck (2 Axles 6 Tires)	<input type="checkbox"/> 6-Single Unit Truck (3 or More Axles)	<input type="checkbox"/> 7-Truck Trailer		
	<input type="checkbox"/> 8-Truck Tractor (Bobtail)	<input type="checkbox"/> 9-Tractor/Semi Trailer	<input type="checkbox"/> 10-Tractor/Double Trailer	<input type="checkbox"/> 11-Tractor/Triple Trailer	<input type="checkbox"/> 98-Other (Narrative)	<input type="checkbox"/> 99-Unknown Heavy Truck			
Roadway Access	<input type="checkbox"/> 1-Full Access Control				<input type="checkbox"/> 2-Partial Access Control	<input type="checkbox"/> 3-No Access Control	<input type="checkbox"/> RGWV		<input type="checkbox"/> Yes
					<input type="checkbox"/> GVWR			<input type="checkbox"/> No	
Haz Mat. Class Num.	<input type="checkbox"/> 1-Explosives	<input type="checkbox"/> 2-Gases	<input type="checkbox"/> 3-Flammable Liquids	<input type="checkbox"/> 4-Flammable Solids	<input type="checkbox"/> 5-Oxidizers & Organic Peroxides	Hazardous Material ID Number			
	<input type="checkbox"/> 6-Toxic Materials & Infectious Substances	<input type="checkbox"/> 7-Radioactive Materials	<input type="checkbox"/> 8-Corrosive Materials	<input type="checkbox"/> 9-Miscellaneous Dangerous Goods					
Haz Mat. Class Num.	<input type="checkbox"/> 1-Explosives	<input type="checkbox"/> 2-Gases	<input type="checkbox"/> 3-Flammable Liquids	<input type="checkbox"/> 4-Flammable Solids	<input type="checkbox"/> 5-Oxidizers & Organic Peroxides	Hazardous Material ID Number			
	<input type="checkbox"/> 6-Toxic Materials & Infectious Substances	<input type="checkbox"/> 7-Radioactive Materials	<input type="checkbox"/> 8-Corrosive Materials	<input type="checkbox"/> 9-Miscellaneous Dangerous Goods					
Cargo Body Style	<input type="checkbox"/> 1-Bus (9-15)	<input type="checkbox"/> 2-Bus (>15)	<input type="checkbox"/> 3-Van/Enclosed Box	<input type="checkbox"/> 4-Cargo Tank	<input type="checkbox"/> 5-Flatbed	<input type="checkbox"/> 6-Dump			
	<input type="checkbox"/> 7-Concrete Mixer	<input type="checkbox"/> 8-Auto Transporter	<input type="checkbox"/> 9-Garbage Refuse	<input type="checkbox"/> 10-Grain Chips Gravel	<input type="checkbox"/> 11-Pole	<input type="checkbox"/> 13-Intermodal			
	<input type="checkbox"/> 14-Logging	<input type="checkbox"/> 15-Vehicle Towing Another Vehicle	<input type="checkbox"/> 97-Not Applicable	<input type="checkbox"/> 98-Other (Narrative)					
Trailer 1	Unit Num.	<input type="checkbox"/> RGWV	<input type="checkbox"/> GVWR	Trailer 2	Unit Num.	<input type="checkbox"/> RGWV	<input type="checkbox"/> GVWR		
Type	<input type="checkbox"/> 1-Full Trailer			Type	<input type="checkbox"/> 1-Full Trailer			<input type="checkbox"/> 2-Semi-Trailer	<input type="checkbox"/> 3-Pole Trailer

9. Sequence of Events					9. Sequence of Events				
1-Non-Collision: Ran Off Road		8-Non-Collision: Cross Median/Centerline		15-Collision: Train		Event 1	Event 2	Event 3	Event 4
2-Non-Collision: Jackknife		9-Non-Collision: Equipment Failure		16-Collision: Pedalcycle					
3-Non-Collision: Overturn Rollover		10-Non-Collision: Other		17-Collision: Animal					
4-Non-Collision: Downhill Runaway		11-Non-Collision: Unknown		18-Collision: Fixed Object					
5-Non-Collision: Cargo Loss/Shift		12-Collision: Pedestrian		19-Collision: Work Zone Maintenance Equip.					
6-Non-Collision: Explosion/Fire		13-Collision: Motor Vehicle in Transport		20-Collision: Other Movable Object					
7-Non-Collision: Separation of Units		14-Collision: Parked Motor Vehicle		21-Collision: Unknown Movable Object					
				98-Other (Narrative)					

Contributing Factors, Vehicle Defects, and Damage Rating

10. Factors and Conditions									
1-Animal on Road, Domestic		22-Failed to Control Speed		35-FTYROW, Stop Sign		49-Improper Start from Parked Position		62-Taking Medication (Narrative)	
2-Animal on Road, Wild		23-Failed to Drive in Single Lane		36-FTYROW, To Pedestrian		50-Load Not Secure		63-Turned Improperly, Cut Corner on Left	
3-Backed Without Safety		24-Failed to Give Half of Roadway		37-FTYROW, Turning Left		51-Opened Door into Traffic Lane		64-Turned Improperly, Wide Right	
4-Changed Lane when Unsafe		25-Failed to Heed Warning Sign		38-FTYROW, Turn on Red		52-Overized Vehicle or Load		65-Turned Improperly, Wrong Lane	
14-Disabled in Traffic Lane		26-Failed to Pass to Left Safely		39-FTYROW, Yield Sign		53-Overtake and Pass Insufficient Clearance		66-Turned when Unsafe	
15-Disregard Stop and Go Signal		27-Failed to Pass to Right Safely		40-Fatigued or Asleep		54-Parked and Failed to Set Brake		67-Under Influence, Alcohol	
16-Disregard Stop Sign or Light		28-Failed to Signal or Gave Wrong Signal		41-Faulty Evasive Action		55-Parked in Traffic Lane		68-Under Influence, Drug	
17-Disregard Turn Marks at Intersection		29-Failed to Stop at Proper Place		42-Fire in Vehicle		56-Parked without Lights		69-Wrong Side, Approach or Intersection	
18-Disregard Warning Sign at Construction		30-Failed to Stop for School Bus		43-Fleeing or Evading Police		57-Passed in No Passing Lane		70-Wrong Side, Not Passing	
19-Distracted in Vehicle		31-Failed to Stop for Train		44-Followed Too Closely		58-Passed on Right Shoulder		71-Wrong Way, One Way Road	
20-Driver Inattention		32-FTYROW, Emergency Vehicle		45-Had Been Drinking		59-Pedestrian FTYROW to Vehicle		72-Cell/Mobile Phone Use	
21-Drove Without Headlights		33-FTYROW, Open Intersection		46-Handicapped Driver (Narrative)		60-Unsafe Speed		73-Road Rage	
		34-FTYROW, Private Drive		47-Ill (Narrative)		61-Speeding, (Over Limit)		98-Other (Narrative)	
				48-Impaired Visibility (Narrative)					

10. Contributing Factors (Investigator's Opinion)						11. Vehicle Defects				11. Vehicle Defects (Investigator's Opinion)					
Unit Num.	Contributing			May Have Contributed		5-Defective or No Headlamps		10-Defective or No Vehicle Brakes		Unit Num.	Contributing			May Have Contributed	
						6-Defective or No Stop Lamps		11-Defective Steering Mechanism							
						7-Defective or No Tail Lamps		12-Defective or Slick Tires							
						8-Defective or No Turn Signal Lamps		13-Defective Trailer Hitch							
						9-Defective or No Trailer Brakes		98-Other (Narrative)							

Charges

Unit Num.	Person Num.	Charge	Citation/Reference Num.

Investigator Information

Time Notified (24HRMM)		How Notified		Time Arrived (24HRMM)		Report Date (MM/DD/YYYY)	
Investigation Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No	Investigators Name (Print) First Initial, Last Name		Badge/ID Num.		District/Area	
ORI Num.				*Agency			

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call 512/486-5780

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